## COOPERATIVE FUNDING PROGRAM WATER CONSERVATION PROJECT APPLICATION

Applications are limited to 25 pages including figures, Reduction of Matching Funds (if applicable), the Acknowledgment letter, and the Cost Effectiveness Calculator. Application submittals must uploaded at <a href="http://www.sfwmd.gov/coopfunding">http://www.sfwmd.gov/coopfunding</a> by May 20, 2016 at 6:00 PM. Prior to completing this Application, it is recommended you read the <a href="https://www.sfwmd.gov/coopfunding">CFP Guidelines</a>. This application is for projects which will be implemented between October 1, 2016 and September 30, 2018.

#### **PROJECT SUMMARY**

| Project Name: Automatic Line Flushing Devices   |  |  |  |  |
|---|--|--|--|--|
| Applicant: Ruby Mango Water Authority   |  |  |  |  |
| Authorized Representative: Jenny Jones  | Project Manager (PM) (if different): N/A   |  |  |  |
| Address: 100 Mango Drive  | PM Address:  |  |  |  |
| City/Zip: Ruby Mango 33333  | PM City/Zip:   |  |  |  |
| <b>Telephone:</b> 555-867-5309  | PM Telephone:  |  |  |  |
| Email: jjones@rmwa.gov  | PM Email:  |  |  |  |
|   |  |  |  |  |
| Federal ID Number: 59-33333333  | Type of Organization: Government   |  |  |  |
| T-t-1 Pro-1- + C+ (4.0 (4 (4.0 0 (20 (4.0))   | 1 1  |  |  |  |
| Total Project Cost (10/1/16-9/30/18): \$120,000   | Local match: \$60,000  |  |  |  |
| Requested Funding: \$60,000   | Other Funding: \$0   |  |  |  |
| SFWMD Planning Region: Lower Kissimmee Basin  | County: Okeechobee   |  |  |  |
| har   | country. Oxeccinosec   |  |  |  |
| Estimated Water Savings (million gallons per year):   | Cost Effectiveness (\$/kgals) (must use provided   |  |  |  |
| 10.9  | calculator): \$1.40  |  |  |  |
|   |  |  |  |  |
| Are there other agencies contributing funding to this p   | project? Yes 🗆 No 🖾  |  |  |  |
| If yes, source(s):  |  |  |  |  |
| If yes, amount(s):  |  |  |  |  |
|   | er, contractor, or other affiliate of the Applicant have a sted with this project or with any party that may profit  |  |  |  |
|   |  |  |  |  |
| Is the project part of your institution/facility's conservation plan? Yes $oxtimes$ No $oxtimes$  |  |  |  |  |
| Is the Applicant a public utility, municipality, or govern  | nmental agency? Ves 🕅 No 🗆   |  |  |  |
| is the Applicant a public utility, municipality, or govern  | illiental agency: Tes 🖾 NO 🗆   |  |  |  |
| This is a reimbursement program with the entire project scope expected to be completed within the funding period, regardless of amount awarded. There is no guarantee the Applicant will be awarded the amount requested. Are budgeted funds available to pay for the entire scope of the project? Yes $\boxtimes$ No $\square$ |  |  |  |  |
|   |  |  |  |  |
|   | the project scope is not fulfilled to 100% completion as unt will be reduced to match the original percentage of estimated project cost provided in the Application? |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Does the applicant understand that funds are only period? Yes $\boxtimes$ No $\square$  | for expenses incurred or obligated during the funding  |  |  |  |
|   | for expenses incurred or obligated during the funding  |  |  |  |

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## PROJECT DETAILS

| 1.  | Please provide a brief synopsis of the Project. Indicate quantities of each hardware/technology item(s):   |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Pui   | Purchase and install 20 automatic line flushing devices (ALFDs)  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 2.  | Provide a detailed background, description, and scope of work for the proposed project. Please include:  a. Objective  b. Ham(s) to be purchased (installed (distributed))   |  |  |  |  |  |
|   | <ul><li>b. Item(s) to be purchased/installed/distributed</li><li>c. Number of such items (deliverables/methodology)</li></ul>  |  |  |  |  |  |
|   | <ul><li>d. Target group and its size (for irrigation projects, the acreage affected by the project must be specified)</li><li>e. Location of this project</li></ul>  |  |  |  |  |  |
| aim<br>wa<br>The<br>loc<br>qua<br>fire<br>thr | Mango Water Authority (RMWA) continues efforts to advance its Water Conservation Action Plan. The plants to reduce the county's current water consumption per capita by 15 percent by 2020. The objective is to save the while maintaining water quality by installing 20 automatic line flushing devices (ALFDs) on at-risk locations. Uses devices will allow us to maintain the necessary chlorine residual levels in the potable water supply in ations such as cul-de-sacs, dead-ends, and areas with limited homes. These devices efficiently maintain the ality of potable water while reducing the amount of water wasted in following a manual flushing routine using a hydrants and save staff and operating costs. RMWA will purchase and install 20 automatic line flushing devices oughout the distribution system at locations determined by the Superintendent to be at risk for poor water ality. The devices will be programmed to operate on a regular basis for set time periods to minimize the amount water used.   |  |  |  |  |  |
| 3.  | If applicable, state any <i>environmental or community benefits</i> of this Project <u>other than reducing demand from a potable water source</u> . These other benefits could include water quality or habitat improvements, and/or benefiting a low-income, senior, or affordable housing community.   |  |  |  |  |  |
| wa<br>to i                                    | nking water quality will be maintained at a consistently high level in the selected locations and will reduce the ter wasted during flushing activities. RMWA will also save operating costs through reduced man-hours needed manually open, tend, and close each hydrant individually. This project will save an estimated 2.6 million gallons year of water.   |  |  |  |  |  |
| 4.  | If applicable, state how this project showcases innovation using new technology or the method in which the Project is being implemented.   |  |  |  |  |  |
| _   | Label and the control of the control |  |  |  |  |  |
| 5.  | Is this a rebate or voucher program? Yes □ No ☒  |  |  |  |  |  |
| If y  |  |  |  |  |  |  |
|   | a. How many rebates or vouchers in total will be issued within the funding period <sup>1</sup> ?   |  |  |  |  |  |
|   | b. What is the maximum number of rebates/vouchers issued to a single Participant?  |  |  |  |  |  |
|   | c. How many dwelling units/facilities will this program attempt to reach at a minimum during the funding period <sup>2,3</sup> ?   |  |  |  |  |  |
|   | d. List any additional types of fixtures or devices, such as, but not limited to, a showerhead or faucet aerator that a Participant may receive.   |  |  |  |  |  |
| Not   | re:  |  |  |  |  |  |
|   | not enter a range. The final reimbursement will be tied to this number.  |  |  |  |  |  |
| 2Th   | is questions assumes all Participants accept the maximum number of allowable rebates/vouchers.<br>is is the figure you must use in the calculation associated with question 5.   |  |  |  |  |  |
| 2   |  |  |  |  |  |  |

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6. State the estimated water savings resulting from this Project and show how this estimate was calculated. Express estimated water savings in million gallons per year (MGY). Be as specific as your available data allows. Base your calculations on the minimum number of dwelling units affected (for residential projects) or devices installed (for non-residential projects). You must state any assumptions included in your calculations. If you answered question 5, you must use the minimum number of dwelling units or facilities entered into 5c.

#### **Assumptions:**

ALFD flushing velocities range from 100 to 200 gallons per minute (gpm). We will assume 150 gpm in our calculations.

#### Manual flushing:

30 minutes of flushing: 500 gpm x 30 min = 30,000 gallons x 20 = 300,000 gallons x 52 weeks = 15,600,000 gal/yr

#### Automatic flushing:

30 minutes of flushing: 150 gpm x 30 min = 4,500 gallons x 20 = 90,000 gallons x 52 weeks = 4,680,000 gal/yr

**TOTAL GALLONS SAVED**: 15,600,000 - 4,680,000 = 10,920,000 or 10.9 MGY.

7. The Cost Effectiveness calculation allows all project types to be compared to each other. The Cost Effectiveness calculation considers the cost to implement the project, amortized at 2.85%, and the benefits of the project over the anticipated service life of the hardware and/or technology. Cost Effectiveness is expressed in \$/kgals (or dollars per 1,000 gallons saved). A Cost Effectiveness calculator has been created for you. Which can be downloaded via this <a href="LINK">LINK</a>. If you have difficulty accessing the calculator, you may contact Stacey Adams at <a href="sadams@sfwmd.gov">sadams@sfwmd.gov</a> or 561-682-2577 or Jim Harmon at <a href="jharmon@sfwmd.gov">jharmon@sfwmd.gov</a> or 561-682-2777. An electronic copy of the Cost Effectiveness calculator is required to be included with the application submission.

\$3.46 (Excel sheet uploaded as required)

8. Please enter itemized cost information in the table below.

Note: If some of the project work is being done "in-house" or "in-kind", please briefly describe.

| Project Hardware/ Technology Items                | Quantity of Items or Rebates  | Cost per Item or<br>Rebate or<br>Voucher | Installation<br>Cost per Item | Total Cost<br>for Each<br>Line |  |
|---|---|--|-------------------------------|--------------------------------|--|
| ALFDs   | 20  | \$2,500                                  | \$2,500*                      | \$100,000                      |  |
|   |   |  |                               |                                |  |
|   |   |  |                               |                                |  |
| In-kind services                                  | Number of<br>Hours/ Items   | Cost per Hour/<br>Item                   | Total Cost for Each Line      |                                |  |
| Administration                                    | 100   | \$20.00                                  | \$20,000                      |                                |  |
|   |   |  |                               |                                |  |
| TOTAL (items above should equal the Total Project |   |  | \$120,000                     |                                |  |
|   |   |  |                               |                                |  |
|   | Source(s) of Other Funds (only applies to non-Applicant funding)  Funding Level |  | unding Level                  |                                |  |
|   |   |  |                               |                                |  |
|   |   |  |                               |                                |  |

<sup>\*</sup>Installation may be completed by in-house staff.

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| 9.          | Identify the water source that will be conserved.  |
|-------------|--|
|             | Potable Water from a utility at risk for saltwater intrusion based on elevated chloride levels in monitoring wells or within a Restricted Allocation Area (Section 3.2.1 of the Applicant's Handbook for Water Use Permit Applications). |
| ⊠ F         | Potable Water from a utility not at risk for saltwater intrusion, or in a Restricted Allocation Area.  |
|             | Potable Water, but not sure if the area is with a Restriction Allocation Area or at risk of saltwater intrusion (Specify the provider utility  |
|             | Surficial well water in the service area of a utility at risk for saltwater intrusion based on elevated chloride levels in monitoring wells.   |
|             | Surficial well water in the service area of a utility not at risk for saltwater intrusion.   |
|             | Surficial well water, but unsure if at risk of saltwater intrusion (Specify the water body )   |
|             | Water from a canal or stormwater catchment area (such as a man-made lake within a housing development).  |
| □ F         | Reclaimed water.   |
|             | Other (Specify)  |
| 10          | If the Applicant has a Consumptive Has Downit at a place avaide the Downit Number  |
| 10.         | If the Applicant has a Consumptive Use Permit, etc., please provide the Permit Number:   |
|             |  |
|             | SUBMITTAL CHECKLIST  |
|             | The Acknowledgment Form, on Applicant letterhead, has been completed and notarized and uploaded as a pdf.  |
| $\boxtimes$ | The Cost Effectiveness Calculator has been completed and uploaded separately as an Excel file?   |
|             | If applicable, has the Reduction of Matching Funds form been completed (on letterhead) and uploaded/attached as a pdf?   |

# Cooperative Funding Program Water Conservation Cost Effectiveness Calculator

Applicant Agency/City Name Project Title

Ruby Mango Water Authority
Automatic Line Flushing Devices

| Conservation Items                          | Total Project<br>Cost | Annual<br>Savings (MGY) | Lite | Total<br>Project Gals<br>Saved per<br>Day | Total Gallons<br>saved over<br>Service Life<br>(MG) | Cost<br>Effective<br>(\$/kgal) |
|---|-----------------------|-------------------------|------|---|---|--------------------------------|
| Autoline flush device                       | \$120,000             | 10.9                    | 9    | 29,863                                    | 98.10   | \$1.40                         |
|   |                       |                         |      | -   | -   | \$0.00                         |
|   |                       |                         |      | -   | -   | \$0.00                         |
|   |                       |                         |      | -   | -   | \$0.00                         |
|   |                       |                         |      | -   | -   | \$0.00                         |
|   |                       |                         |      | -   | -   | \$0.00                         |
|   |                       |                         |      | -   | -   | \$0.00                         |
|   |                       |                         |      | -   | -   | \$0.00                         |
| (Weighted cost effectiveness for all Items) |                       |                         |      |   | \$1.40  |                                |

| Discount Rate | 2.85% | (Default value) |
|---------------|-------|-----------------|
|---------------|-------|-----------------|

### **Water Conservation Project Notes:**

- 1) Use the Fixture (not applicable to Irrigation projects) savings worksheet FIRST.
- 2) Enter data only in YELLOW cells; blue cells are calculated for you.
- 3) Total Project Cost should match the amount listed in question 8 (itemized cost information table)
- 4) Gallons saved per year (in Million gallons per year) should match the amount listed in the Project Summary (page 1)
- 5) Administrative costs should be embedded into the cost of the largest item
- 6) For item service lives, see the table below
- 7) Enter this Cost Effectiveness value on the Project Summary (page 1) and question 7.

| Item                       | Service life<br>(Residential) in | Service life<br>(Commercial) |
|----------------------------|----------------------------------|------------------------------|
|                            | years                            | in years                     |
| Faucet                     | 15                               | 15                           |
| Showerhead                 | 8                                | 8                            |
| Toilet                     | 40                               | 25                           |
| Urinal                     | -                                | 25                           |
| Irrigation controller      | 5                                | 5                            |
| Irrigation sprinkler heads | 5                                | 5                            |
| Rain/soil moisture sensor  | 5                                | 5                            |
| Major appliances           | 11                               | 20                           |
| Prerinse spray valve       | -                                | 5                            |
| Autoline flush device      | -                                | 9                            |
| Other:                     |                                  |                              |

If your conservation item is not listed, enter it in the "Other" cell.

Provide documentation supporting the number of service years you enter.